MULTIPLE DEPENDENT CLAIM FEE CALCUI ON SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
	<u>b_</u>
APPLICANT(S)	

CLAIMS

1		AS F	ILED		TER NDMENT	AFTER 2 MAMENDMENT				AS F	ILED		TER NDMENT		AFTEI 2 - AMENDO	
		IND.	DEP.	IND.	DEP.	IND.	DEP.	1 L		IND.	DEP.	IND.	DEP.	IND.	I	
1				-) [
1								Į Į.	52						L	
1							ļ	ļ ļ							L	
1							ļ	∤	54						 	
1								┨							-	
1					<u> </u>		<u> </u>								╀	
59 60 60 61 62 63 64 65 65 66 66 67 78 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9								ł ⊦							₽	
0		-											<u> </u>		┢	
61			\vdash				1	ł							╁	
62 63 63 64 65 66 66 67 67 88 88 88 88 88 88 89 99 99 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1							 	1 F							\vdash	
3					1			1 h							t	
4 64 65 66 66 66 67 88 99 99 99 99 99 99 99 99 99 99 99 99					 			1 F							t	
5					<u> </u>			1 F								
66 67 68 68 69 00 00 00 00 00 00 00 00 00 00 00 00 00					,			1 r								
67 88 9 9 10 11 17 17 17 17 17 17 17 17 17 17 17 17) t	66							
8] [67						\Box	
99	8] [
71 72 73 3 4 4 74 75 6 6 77 77 8 9 9 9 9 9 9 9 9 1 1 1 1 1 1 1 1 1 1 1	9							, T	69						Ĺ	
72 3 4 4 4 74 5 5 6 77 77 77 8 8 9 9 9 9 9 9 1 1 1 1 1 1 1 1 1 1 1 1								1 L	70						_	
73 44 55 55 66 77 78 88 99 90 11 11 11 11 11 11 11 11 11 11 11 11 11							ļ	↓ ↓							┞	
74 5 6 77 78 8 77 78 8 79 9 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			ļ					∤ ⊦	72		ļ				┡	
75			ļ		 	ļ		∮ ⊦			1		ļ		1	
76			<u> </u>		-		 	1 H	74						╀	
77								┨	76						+	
78 79 79 80 81 81 81 82 83 84 84 84 85 85 86 87 88 88 89 90 90 90 91 91 91 92 92 93 33 44 44 44 44 44 44 44 44 44 44 44 44						-		1 F	77				-		╁	
79 00 11 11 11 11 11 11 11 11 11 11 11 11							 	1 h							t	
80 81 81 82 83 83 84 84 85 85 86 87 87 87 88 89 99 90 10 11 11 11 11 11 11 11 11 11 11 11 11			 				 	1 1								
81 82 83 84 84 84 85 85 86 87 88 88 89 99 90 101 11 11 11 11 11 11 11 11 11 11 11 1								1 I							Т	
82 83 83 84 84 85 85 86 87 87 88 88 88 89 90 90 90 91 11 11 11 11 11 11 11 11 11 11 11 11							1	1 [
3 83 84 85 85 86 86 87 77 77 77 77 77] [!	L	
S4]										┺	
86 87 88 88 89 90 90 90 90 90 90 90 90 90 90 90 90 90	4							1 1	84						1	
87 88 89 90 90 91 91 92 92 93 94 95 96 97 98 99 90 90 90 90 90 90 90 90 90 90 90 90					ļ <u>.</u>			↓ ↓			ļ				╁	
88 89 90 90 90 90 90 90 90 90 90 90 90 90 90			<u> </u>		ļ		 -	-{	86		1		 	!	╀	
89 90 90 91 91 92 92 93 94 94 95 96 97 98 99 90 90 90 90 90 91 91 92 92 93 94 94 95 95 96 97 97 97 97 97 98 99 99 100 TOTAL IND. TOTAL DEP. TOTAL DEP.		L	1		 		 	┨					-		╁	
90 91 92 93 93 94 95 95 96 97 98 99 99 99 99 99 99			 					┨					·		╁	
91 92 93 93 94 94 95 96 97 98 99 99 100 TOTAL IND. TOTAL DEP. TAL 14 14 15 16 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18		⊢			-	1	 -	1 h			1				T	
92 93 94 94 95 96 97 98 99 99 100 100 100 101 101 101					 	·		1 1							1	
93 94 95 95 96 97 98 99 100 100 101 101 101 101 101			+		ļ. — — — — — — — — — — — — — — — — — — —		 	1 1							T	
94 95 96 97 98 99 100 TOTAL IND. TOTAL DEP. TAL			+	1	† — —			1 1								
95 96 97 98 99 100 100 100 101 101 101 101								1 [94						L	
96 97 98 98 99 100 1 IIND. 1 J J J J J J J J J J J J J J J J J J J] [95						1	
97 98 99 100 1 I IND. 1 J J J J J J J J J J J J J J J J J J J] [<u> </u>	1_	
98 99 100 1 LIND.		<u> </u>]							╄	
99 100 1 I IND. 1 J J J J J J J J J J J J J J J J J J J								4 1					-	 	+	
L IND. L DEP. 13 TOTAL IND. TOTAL DEP. TOTAL DEP. TOTAL DEP. TOTAL DEP.	9						ļ	4 !							+	
L IND. L DEP TOTAL DEP. TOTAL DEP. TOTAL DEP.	0				~				100		-				+	
TAL TOTAL COUNTY	L IND		-	LL] ♣		TOTAL IND.] 🖡] ♣		J	
TAL TOTAL CLANK	L DEP	Ţ	4	13	#		(TOTAL DEP.		((=	<u> </u>	•	
				14	200				TOTAL CLAIMS							